

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Oguz Tanrikulu

Application No.: 10/691,219

Group: 2626

Filed: October 22, 2003

Examiner: Ng, Eunice

Confirmation No.: 8363

For: Methods and Apparatus for Improving the Quality of Speech Signals

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	80	MINUS	* 80	0
INDEP	6	MINUS	** 6	0

☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

* not fewer than 20
** not fewer than 3

SMALL ENTITY

RATE	ADDIT. FEE
X \$ 25	\$
X \$105	\$
+ \$185	\$

TOTAL = \$ 0

OR

**OTHER THAN
SMALL ENTITY**

RATE	ADDIT. FEE
X 50	\$ 0
X \$210	\$ 0
+ \$370	\$ 0

TOTAL = \$ 0

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)

SMALL ENTITY

Rate	Total Amount Owed
X \$130	\$[]

**OTHER THAN
SMALL ENTITY**

Rate	Total Amount Owed
X \$260	\$[]

Payment Sufficient for up to
[] Sheets

Petition for Extension of Time

- ☐ Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.
- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
_____		\$ _____
_____		\$ _____
TOTAL:		\$ _____

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
_____		\$ _____
_____		\$ _____
TOTAL:		\$ _____

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By /Mark B. Solomon, Reg. No. 44348/
 Mark B. Solomon
 Registration No.: 44,348
 Telephone (978) 341-0036
 Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: 5 / 5 / 08